



Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: SUBCUTANEOUSLY IMPLANTABLE
ACCESS PORT
Attorney Docket Number:: 0584-1011
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MICHEL
Middle Name::
Family Name:: BUNODIERE
Name Suffix::
City of Residence:: NEUILLY-SUR-SEINE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing C/O CLINIQUE HARTMANN
Address:: 26, BOULEVARD VICTOR HUGO
City of Mailing Address:: NEUILLY-SUR-SEINE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 92200

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: GUY
Middle Name::
Family Name:: NADAL
Name Suffix::
City of Residence:: POITIERS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 8, RUE CONDORCET
Address::
City of Mailing Address:: POITIERS

City of Mailing Address:: POITIERS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 86000

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 13386	10/25/02	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::